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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/655,893
	Filing Date	09/05/03
	First Named Inventor	STEINBERGER et al
	Art Unit	3618
	Examiner Name	
	Attorney Docket Number	48000.001

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Victor Klosterman</i>		
Name	Victor Klosterman, General Manager		
Date	<i>2-7-05</i>	Telephone	<i>701-671-4401</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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